



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DOUGLAS M STAUCH
PO BOX 741865
DALLAS TX 75374

Respondent Name

CITY OF SAN ANTONIO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-12-3595-01

MFDR Date Received

August 15, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... Please accept the following Position Statement as required by Rule 133.307 (C)(2)(f).

(F) a position statement of the disputed issue(s) that shall include:

(i) a description of the health care for which payment is in dispute,

RANGE OF MOTION TESTING

(ii) the requestor's reasoning for why the disputed fees should be paid or refunded,

REQUIRED TESTING REQUESTED BY THE DESIGNATED DOCTOR

(iii) how the Labor Code, Division rules, and fee guidelines impact the disputed fee issues, and

THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$81.81

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: No carrier response received.

Response Submitted by: n/a

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 18, 2012	CPT Code 95851	\$81.81	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 amended to be effective May 31, 2012, 37 Texas Register 3833, applicable to medical fee dispute resolution requests filed on or after June 1, 2012, sets out the

procedures for resolving a medical fee dispute.

2. 28 Texas Administrative Code §134.204 sets out the fee guideline for workers' compensation specific services on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated June 14, 2012

- W1A – Workers Compensation State Fee Schedule Adjustment * Reimbursement per Rule 134.203/134.204. Prior to March 1, 2008, Rule 134.202*
- 97H – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. *Service(s)

Explanation of benefits dated June 28, 2012

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

1. Is CPT Code 95851 included in the MMI/IR examination?
2. Has the Designated Doctor (DD) examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
3. Is the requestor entitled to reimbursement for the disputed services under 28 Texas Administrative Code §134.204?

Findings

1. Requestor billed with CPT Code 99456-RE-W6 in the amount of \$700.00 with one unit and CPT Code 95851 in the amount of \$135.00 with 3 units billed. However CPT Code 99456-RE-W6 is not in dispute.

CPT Code 95851 is defined as "Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)."

Review of the submitted documentation supports a request for a Designated Doctor Examination addressed Extent of Injury only.

28 Texas Administrative Code §134.204 states:

(i) The following shall apply to Designated Doctor Examinations,

(j) Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows,

(1) The total MAR for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. The MMI/IR examination shall include

(A) the examination;

(B) consultation with the injured employee;

(C) review of the records and films;

(D) the preparation and submission of reports (including the narrative report, and responding to the need for further clarification, explanation, or reconsideration), calculation tables, figures, and worksheets; and,

(E) tests used to assign the IR, as outlined in the AMA Guides to the Evaluation of Permanent Impairment (AMA Guides), as stated in the Act and Division rules in Chapter 130 of this title (relating to Impairment and Supplemental Income Benefits)

However CPT Code 95851 is not supported as the Range of Motion (ROM) testing is included with MMI/IR exam. Therefore no reimbursement is recommended.

2. The respondent issued payment in the amount of \$0.00. Based upon the documentation submitted, no additional reimbursement is recommended.

Conclusion

For the reasons stated above, the division finds that no additional reimbursement is due.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	10/10/13
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.